

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730506 (3)
1. Corporation Name
AGORAPHOBIA, ANOREXIA, & BULIMIA RESOURCE CENTER, INC.

Principal Place of Business Mailing Address
255 ALHAMBRA CIRCLE, S. #321 CORAL GABLES FL 33134
255 ALHAMBRA CIRCLE, S. #321 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1974
3a. Date of Last Report 04/18/1994
4. FEI Number 59-2157553
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
BARON, RICHARD, ESQ.
11077 BISCAYNE BLVD.
MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Paula Levine, Ph.D.* PAULA LEVINE, Ph.D. PRES / MARCH 7/95
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reconstituting.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINE, PAULA | 12 NAME | |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE | 13 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL | 14 CITY - ST - ZIP | |
| TITLE | STD | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINE, JACK B. | 22 NAME | |
| STREET ADDRESS | 255 ALHAMBRA CIRCLE | 23 STREET ADDRESS | STD LEVINE, JACK B 600 GRAPTREE DR. APT 665 KEY BISCAYNE, FLA 33149 |
| CITY - ST - ZIP | CORAL GABLES FL | 24 CITY - ST - ZIP | |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARON, RICHARD | 32 NAME | |
| STREET ADDRESS | 11077 BISCAYNE BLVD. | 33 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula Levine, Ph.D. Director* MARCH 6/95 (305) 444-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date File #
PAULA LEVINE, Ph.D.